225 NORTH EAGLE STREET
0SHKOSH 54902 Phone: (920) 235-4653 Ownership: Non-Profit Church Related
0perated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF?
Number of Beds Set Up and Staffed (12/31/00): 200 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/00): 200 Average Daily Census: 192

Number of Residents on 12/31/00: ***********************************	****	192 *************	******	******	******	********	*****
Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation	No No No No No No Yes Yes No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular	0. 0 29. 2 10. 4 0. 0 0. 5 2. 1 7. 3 12. 0 16. 1	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	1. 6 3. 6 28. 6 46. 9 19. 3 	Less Than 1 Year 1 - 4 Years More Than 4 Years ************************** Full-Time Equival Nursing Staff per 100 (12/31/00) RNs	
Referral Service	No	Di abetes	2. 6	Sex	%	LPNs	8. 6
Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	Yes No No	Respiratory Other Medical Conditions	4. 7 15. 1 100. 0	Male Female	14. 6 85. 4 100. 0	Nursing Assistants Aides & Orderlies	30. 5

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other Pi		Private Pay			Vanage	d Care	Percent				
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 0	\$120. 79	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 5%
Skilled Care	10	100.0	\$263. 58	87	87. 9	\$103. 15	0	0. 0	\$0.00	80	96. 4	\$136.25	0	0. 0	\$0.00	177	92. 2%
Intermedi ate				11	11. 1	\$85. 52	0	0.0	\$0.00	3	3.6	\$124.75	0	0.0	\$0.00	14	7. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	10	100.0		99	100. 0		0	0.0		83	100.0		0	0.0		192	100.0%

County: Winnebago BETHEL HOME

					~ .		104 100
Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions,	Servi ces,	and Activities as of 12	/31/00
Deaths During Reporting Period							
				% Nee			Total
Percent Admissions from:		Activities of	%	Assi sta	nce of	% Totally	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent	One Or T	wo Staff	Dependent	Resi dents
Private Home/With Home Health	2. 1	Bathi ng	2. 1	78	8. 6	19. 3	192
Other Nursing Homes	2. 1	Dressing	13. 0	72	2. 4	14. 6	192
Acute Care Hospitals	92. 1	Transferring	32. 3	52	2. 6	15. 1	192
Psych. HospMR/DD Facilities	0. 0	Toilet Use	19. 3	63	3. 0	17. 7	192
Reĥabilitation Hospitals	0. 0	Eating	57. 3	36	5. 5	6. 3	192
Other Locations	3. 7	***************	*********	********	******	********	******
Total Number of Admissions	242	Continence		% Spe	cial Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5. 2 F	eceiving R	espiratory Care	7. 8
Private Home/No Home Health	25. 0	Occ/Freq. Incontinent				racheostomy Care	0. 0
Private Home/With Home Health	16. 4	Occ/Freq. Incontinent			eceiving S		
Other Nursing Homes	1. 6	•				stomy Care	0. 0 2. 6
Acute Care Hospitals	1. 2	Mobility				ube Feedi ng	2. 6
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	31. 3	eceiving M	echanically Altered Diets	s 22. 4
Reĥabilitation Hospitals	0. 0				8	J	
Other Locations	22. 1	Skin Care		0th	er Residen	t Characteristics	
Deaths	33. 6	With Pressure Sores		29. 7 H	lave Advanc	e Directives	84. 9
Total Number of Discharges		With Rashes		8.3 Med	li cati ons		
(Including Deaths)	244			F	eceiving P	sychoactive Drugs	51.6
***********	******	*******************	*********	********	******	*********	******

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	This Nonprofit		20	00+	Skilled		Al l		
	Facility Peer Group		Group	Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 0	87. 8	1.09	80. 6	1. 19	84. 1	1. 14	84. 5	1. 14
Current Residents from In-County	98. 4	82. 6	1. 19	83. 1	1. 18	83. 5	1. 18	77. 5	1. 27
Admissions from In-County, Still Residing	28. 1	25. 9	1. 08	26. 5	1.06	22. 9	1. 23	21. 5	1. 31
Admissions/Average Daily Census	126. 0	116. 8	1. 08	107. 9	1. 17	134. 3	0. 94	124. 3	1.01
Discharges/Average Daily Census	127. 1	117. 3	1.08	108. 6	1. 17	135. 6	0. 94	126. 1	1.01
Discharges To Private Residence/Average Daily Census	52. 6	43. 9	1. 20	45. 4	1. 16	53. 6	0. 98	49. 9	1.06
Residents Receiving Skilled Care	92. 7	91. 3	1. 02	88. 0	1.05	90. 1	1. 03	83. 3	1. 11
Residents Aged 65 and Older	98. 4	97. 1	1. 01	87. 7	1. 12	92. 7	1.06	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	51.6	56. 2	0. 92	70. 6	0. 73	63. 5	0. 81	69. 0	0. 75
Private Pay Funded Residents	43. 2	37. 5	1. 15	23. 8	1. 82	27. 0	1. 60	22. 6	1. 91
Developmentally Disabled Residents	0. 0	0. 6	0.00	2. 9	0.00	1. 3	0.00	7. 6	0.00
Mentally III Residents	39. 6	36. 3	1.09	46. 8	0. 85	37. 3	1.06	33. 3	1. 19
General Medical Service Residents	15. 1	21. 1	0. 72	15. 4	0. 98	19. 2	0. 79	18. 4	0. 82
Impaired ADL (Mean)	45. 1	50.8	0.89	49. 4	0. 91	49. 7	0. 91	49. 4	0.91
Psychological Problems	51.6	50. 0	1.03	56. 4	0. 91	50. 7	1. 02	50. 1	1.03
Nursing Care Required (Mean)	9. 2	6.8	1. 35	7. 3	1. 27	6. 4	1. 42	7. 2	1. 28